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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT</b>	<b>Application Number</b>	10/022,726
	<b>Filing Date</b>	December 20, 2001
	<b>First Named Inventor</b>	David W. Sherrer
	<b>Group Art Unit</b>	N/A
	<b>Examiner Name</b>	N/A
	<b>Attorney Docket Number</b>	A1148.0000/P004

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Failure by the applicant to pay the bills rendered by the undersigned practitioner for an unreasonable period of time.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

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☒ Firm or  
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Address Haleos, Inc.

Address 3150 State Street

City Blacksburg State Virginia Zip 24060

Country U.S.A.

Telephone Fax

☒ This request is made on behalf of myself and

☐ all the attorneys/agents of record,

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number 24998.

This request is enclosed in triplicate (including any attachments).

Name William E. Powell, III (39,803)

Signature *W.E. Powell*

Date 1/8/03

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimate to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JAN 10 2003

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